07-27-07 Docket No: AM100224 P1 Patent 1 I THE UNITED STATES PATENT AND TRADEMARK OFFICE ication of: Janos SZAMOSI, et al 1615 Application No.: 10/643,623 Group Art No.: 08/19/2003 Examiner: **Humera N. SHEIKH** Filed: **FAST DISSOLVING TABLET** For: Confirmation No.: 4463 25291 **Customer Number:** Mail Stop Amendment Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450 Sir: AMENDMENT TRANSMITTAL LETTER 1. Transmitted herewith for filing is an amendment for this application. Response to Office Action Mailed 01/26/2007. PETITION FOR EXTENSION OF TIME Applicant petitions for an extension of the time for the total number of months 2. (a) checked below: 120.00 One Month. Fee in the amount of \$ Two Months. Fee in the amount of 450.00

CERTIFICATE OF MAILING 37 CFR §1.10

Fee in the amount of

Fee in the amount of

Fee in the amount of

Three Months.

Four Months.

Five Months.

I hereby certify that this paper and the documents referred to as enclosed therein are being deposited with the United States Postal Service on the date written below in an envelope as "Express Mail Post Office to Addressee" Mailing Label Number EV 970634455 US addressed to the Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

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Date //

Pauline M. DeChiáro

\$

1,020.00

1,590.00

2,160.00

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If an additional extension of time is required, please consider this a petition therefor.

	(Check and complete the next item, if applicable)							
OR		An extension for month(s) has already been secured and the fee paid therefor of \$0.00 is deducted from the total fee due for the total months of extension now requested.						
(b)		Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.						

Extension fee due with this request: \$1,020.00

FEE FOR CLAIMS

3. The fee for claims has been calculated as shown below:

CLAIMS AS AMENDED										
(1)	(2)	(3)	(4)			(5)				
FOR	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PAID FOR	NUMBER EXTRA x RATE			ADDITIONAL FEE				
TOTAL CLAIMS			0	X	50.00	0.00				
INDEPENDENT CLAIMS			0	X	200.00	0.00				
MULTIPLE DEPENDENCY FEE					360.00					
Total Amendment Fee:					\$0.00					

\boxtimes	No additional fee for claims is required.	
	Total additional fee for claims required:	\$0.00.

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4. Method of Payment of Fees:

Charge Deposit Account No. **01-1425** in the amount of: **\$1,020.00**. **A duplicate of this transmittal is attached.**

- 5. Instructions as to Overpayment:
 Credit any overpayment to Deposit Account No. **01-1425**.
- 6. Authorization to Charge Additional Fees
 - If any additional extension and/or fee for claims is required, charge Account No. **01-1425**.

Respectfully submitted,

Nancy J. Jensen ()
Attorney for Applicants

Reg. No. 45,913

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